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## \*\* CONTINUING DATA \*\*\*\*\*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

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## \*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

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Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Verified and	/MELISSA K RYCKMAN/ _____ Acknowledged _____ Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	JAPAN	7	24
					3

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## TITLE

Catheter and medical tube

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